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O I P E
JC176
P A T E N T & T R A D E M A R K
O F F I C ETRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number

09/354,945

Filing Date

July 15, 1999

First Named Inventor

Kosaka

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MAR 28 2003

Group Art Unit

2685

Examiner Name

Charles Craver

Technology Center 2600

Total Number of Pages in This Submission

Attorney Docket Number

4041J-000601

ENCLOSURES (check all that apply)

 Fee Transmittal Form Assignment Papers
(for an Application) After Allowance Communication to Group Fee Attached Drawing(s) Appeal Communication to Board of Appeals and Interferences Amendment / Response Licensing-related Papers Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) After Final Petition Proprietary Information Affidavits/declaration(s) Petition to Convert to a Provisional Application Status Letter Extension of Time Request Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s)
(please identify below): Express Abandonment Request Terminal DisclaimerCheck for \$110;
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Remarks

 Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Michael J. Schmidt

Signature



Date

MARCH 18, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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Date

MARCH 18, 2003

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\$2685



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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110)

Complete if Known

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES			
Deposit Account Number		08-0750		Large Entity	Small Entity		
Deposit Account Name		Harness, Dickey & Pierce, P.L.C.					
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES							
Total Claims	-20 **	= 0	X	Fee from below	Fee Paid		
Independent Claims					0		
Multiple Dependent			X		0		
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 0)			
Other fee (specify) _____							
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SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Michael J. Schmidt	Registration No. Attorney/Agent)	34,007	Telephone	248-641-1600	
Signature				Date	MAR 28 2003	

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